



TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH CARE FACILITIES
227 FRENCH LANDING, SUITE 501, HERITAGE PLACE METROCENTER
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Medication Occurrence Unusual Event Supplement Facility Document			
Type of Occurrence <i>Check All That Apply</i>		Where in the process did the error occur? <i>Check All That Apply</i>	
<input type="checkbox"/> Wrong Patient <input type="checkbox"/> Wrong Drug <input type="checkbox"/> Wrong Dose <input type="checkbox"/> Wrong Route <input type="checkbox"/> Wrong Frequency <input type="checkbox"/> Wrong Time <input type="checkbox"/> Omission <input type="checkbox"/> Administration After Order Discont'd/Expired <input type="checkbox"/> Wrong Diluent/Concentration/Dosage Form <input type="checkbox"/> Monitoring Error <input type="checkbox"/> Other	<input type="checkbox"/> Prescribing -- Written order -- Verbal order <input type="checkbox"/> Transcription onto: -- Medication Administration Record -- Other Documentation <input type="checkbox"/> Dispensing -- Delay -- Error -- Not Available <input type="checkbox"/> Administration Process <input type="checkbox"/> Documentation On Med Administration Record		
Medication Regimen			
Generic Name of Medication Given:	Dose Given:	Route Medication Administered:	Frequency Given:
Generic Name of Medication Prescribed to be Given:	Prescribed Dose:	Prescribed Route:	Frequency Prescribed:
Categories of all Staff Involved in the Occurrence (<i>check all that apply</i>)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> LPN</div> <div style="width: 50%;"><input type="checkbox"/> RN</div> <div style="width: 50%;"><input type="checkbox"/> PA</div> <div style="width: 50%;"><input type="checkbox"/> Pharmacist</div> <div style="width: 50%;"><input type="checkbox"/> Respiratory Therapist</div> <div style="width: 50%;"><input type="checkbox"/> MD Resident</div> <div style="width: 50%;"><input type="checkbox"/> Attending MD</div> <div style="width: 50%;"><input type="checkbox"/> NP</div> <div style="width: 50%;"><input type="checkbox"/> Unit Secretary</div> <div style="width: 50%;"><input type="checkbox"/> Student (specify type) _____</div> <div style="width: 50%;"><input type="checkbox"/> Other Staff (specify type) _____</div> </div>			
Discovery Date/Time:			
How was the occurrence discovered?			